

AGENT AUTHORIZATION FORM

Parcel Id(s) _____

Subject Site Address _____

Property Owner _____

The undersigned, registered property owners of the subject site, do hereby authorize

_____, of _____
(Contractor / Agent) (Name of consulting firm)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this application and all standard and special conditions associated.

Agent Address _____

Business Phone _____ Mobile _____

E-mail _____

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

Owner Signature
(to accept authorization)

Agent Signature

STATE OF FLORIDA:

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public
Notary Public for the State of Florida

My Commission Expires
